

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN653HOS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/11/2010
NAME OF PROVIDER OR SUPPLIER NORTHERN NEVADA MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 2375 PRATER WAY SPARKS, NV 89434		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments This Statement of Deficiencies was generated as a result of a State Licensure focused infection control survey conducted in your facility on 3/10/10 and finalized on 3/11/10, in accordance with Nevada Administrative Code, Chapter 449, Hospitals. A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included. Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.	S 000	<p>RECEIVED</p> <p>APR 02 2010</p> <p>BUREAU OF LICENSURE AND CERTIFICATION LAS VEGAS, NEVADA</p> <p><i>Accepted 4/6/10 [Signature]</i></p> <p>Tag S 112 Laundry Services a. Not applicable to specific patients. b. Not applicable to specific patients. c. The clean linen rack will be relocated to the clean utility room. The linen hamper(s) will remain in the soiled utility room. All staff on the unit will be in-serviced on separating clean linen from soiled and emptying soiled linen hampers before they are full. d. The unit charge nurse/shift lead will monitor compliance by conducting spot checks of the soiled utility area and the linen hampers a minimum of three times weekly. e. Program Director.. f. 04/30/2010</p>	
S 112 SS=E	NAC 449.322 Laundry Services 6. A hospital shall develop and carry out: (a) Standards and systems for the storage and handling of clean linen and soiled linen This Regulation is not met as evidenced by: Based on observation, policy and procedure review and staff interview, the facility failed to store soiled linen separate from clean linen on the geriatric psychiatric unit and failed to empty two overfilled linen hampers exposing the soiled linen. Severity: 2 Scope: 2	S 112		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

[Signature]
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

CEO

(X6) DATE

04/11/10

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If continuation sheet 1 of 3

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LAS VEGAS, NEVADA

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S 115 SS=E	NAC 449.325 Infections and Communicable Diseases 1. A hospital shall: (a) Provide a sanitary environment to avoid sources and transmission of infections and communicable diseases This Regulation is not met as evidenced by: Based on observation, policy and procedure review and staff interview, the facility failed to dispose of an unwrapped irrigation syringe, one unwrapped 500cc bag of D5W and two unwrapped bags of irrigation solution. Severity: 2 Scope: 2	S 115	Tag S 115 Infections and Communicable Diseases a. Not applicable to specific patients. b. The items were immediately removed from the area and disposed of in the proper manner. All patients undergoing procedures in the OR have the potential to be affected by this practice. c. The Director of the OR reviewed facility policies regarding disposal of IV fluids and/or irrigation fluids once package integrity is compromised with the staff on 03/04/2010. d. Daily environment of care (EOC) surveillance will be included on the daily job list for all OR leads. The OR Director will conduct routine EOC rounds also and will report compliance on a monthly basis to the Performance Improvement Committee. e. Director of OR. f. 04/16/2010		
S 128 SS=E	NAC 449.327 Sterile Supplies and Medical Equipment 2. A hospital which prepares, sterilizes and stores its supplies and equipment directly shall develop systems and standards that are consistent with: (c) When applicable, the manufacturer's guidelines for the use and maintenance of the equipment. This Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to store scopes used for colonoscopies properly by allowing the tips of three scopes to touch the sides and bottom of the drain. Severity: 2 Scope: 2	S 128	Tag S 128 Sterile Supplies and Medical Equipment a. Not applicable to specific patients. b. All patients undergoing endoscopy procedures have the potential to be affected by this practice. c. The Director of OR reviewed proper storage of endoscopes with staff assigned to this area on 03/12/2010. The storage cabinet will be altered to allow all scopes to hang freely without touching the sides or bottom of the drain pan. d. The lead endoscopy tech will monitor scopes for proper storage on a daily basis. e. Director of OR. f. 04/01/2010.		
S 216 SS=E	NAC 449.340 Pharmaceutical Services 2. The pharmacy and area for drug storage must be administered in accordance with all applicable state and federal laws.	S 216			

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S 216	Continued From page 2 This Regulation is not met as evidenced by: Based on observation, policy and procedure review and staff interview, the facility failed to discard an expired vial of Novalog Mix 70/30 insulin opened on 2/4/10 and failed to discard a vial of Lantus, Regular Insulin and Pneumococcal Vaccine opened with no date of opening or discard date. Severity: 2 Scope: 2	S 216	Tag S 216 Pharmaceutical Services a. Not applicable to specific patients. b. All patients receiving medication from multi-dose vials have the potential to be affected by this practice. c. The expired insulin vials and the undated pneumococcal vaccine were discarded during the survey. The chief nursing officer reviewed the medication administration policy regarding "discard dates" with all nurse managers on 03/30/2010. d. In addition to the above, the facility director of pharmacy and the chief nursing officer reviewed the medication administration policy and procedure for labeling multi-dose vials on 03/25/2010. A revision was made to the policy that requires the actual discard date to be recorded on a multi-dose vial when it is opened for use, not the date it was opened. All staff will be in-serviced and posters announcing the change in procedure placed in strategic locations. e. The director of pharmacy or designee will check opened, multi-dose vials for the expiration date during monthly rounds. The unit manager or designee will check expiration dates of opened multi-dose vials on a weekly basis. f. Director of pharmacy and nurse managers. g. 04/30/2010.	

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